FIELD EXPERIENCE PERMISSION FORM

2017-2018

Dear Mansfield Families:

Please complete and return the Field Experience Permission Form provided below. All field experiences will be made on school buses and you will be informed as to the nature, time and date of such trips.

If you have any questions, please feel free to call your child's school.



CHILD'S NAM	IE:	
CLASSROOM	TEACHER'S NAME:	
My child has pe	rmission to participate in field exper	iences planned by the school.
It is understood	that my permission is to remain effe	ctive for the entire school year, September 2017 to June 2018
	A form has been/will be submitted should be available on field experi	for my child to have medication at school. This medication ences as well.
The name of the	medication is:	
	SIGNATURE	DATE

Please note that the school district does not give permission or authorize you to transport any child other than your own on a school-sponsored field experience.